FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **431857** **(2)**

1. Corporation Name

FORD REFRIGERATION AND AIR CONDITIONING, INC.

Principal Place of Business

12959 WALSINGHAM RD
LARGO FL 34644
US

Mailing Address

12959 WALSINGHAM. RD
LARGO FL 34644
US

3. Date Incorporated or Qualified: **07/31/1973**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-1482135**

Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Effective Date for Profit Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business

21 9139 PARK BLVD
Suite, Apt. # etc.
22 SEMINOLE
City & State
23 FL
Zip 24 34647 County 25 PIN

2a. Mailing Address

26 9139 PARK BLVD
Suite, Apt. # etc.
27 SEMINOLE
City, & State
28 FL
Zip 29 34647 County 30 PIN

9. Name and Address of Current Registered Agent

KOLB, CLARENCE D.
9800 HAMLIN BLVD. APT 610
LARGO FL 33542

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and/or 617.1905, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0501, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	KOLB, CLARENCE D.	
STREET ADDRESS	9800 HAMLIN BLVD #610	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	[ ] DELETE
NAME	KOLB, R.A.	
STREET ADDRESS	9800 HAMLIN BLVD #610	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	[ ] DELETE
NAME	KOLB, M.E.	
STREET ADDRESS	9800 HAMLIN BLVD. # 610	
CITY-ST-ZIP	LARGO FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE		[ ] Change [ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		[ ] Change [ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		[ ] Change [ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		[ ] Change [ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, complete and accurate and that I am executing this report in compliance with Section 119.07(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added to the report with an address.

SIGNATURE: C.D. Kolb C.D. KOLB Pres. 3-15-96 813-319-2416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)